

**INSTRUCTIONS FOR FORM ARRA AAP/FC FED WORKSHEET  
SUMMARY REPORT OF PRIOR MONTH ADJUSTMENTS  
ADOPTIONS, FOSTER CARE AND WRAPAROUND  
FEDERAL**

**General Information**

1. This form is pre-programmed to round all amounts to the nearest dollar.
2. The county name, month and year will populate when the Certification form is completed.
3. The name and telephone number of county staff person to be contacted if there are any questions regarding the claim will be populated when the Certification form is completed.

**Prior Period Adjustments**

For each column:

4. Lines 1: This amount will populate from Line 15 of the CA 800CCR FED tab.
5. Lines 2 through 6: Enter the amount for the adjustment periods on which the payment was claimed in Line 1.

**Summary American Recovery and Reinvestment Act (ARRA) Federal Medical Assistance Percentage by Funding**

6. Lines 7 through 15: These lines will automatically calculate the share for the ARRA rate based on the period of the adjustment claimed on lines 2 through 6. Note: Lines 7 through 8 will populate to Line 49 of the CA 800CCR Fed tab for Adoptions. Lines 10 through 12 will populate to Line 28 of the CA 800CCR Fed tab for Foster Care and Lines 13 through 15 will populate to Line 41 of the CA 800CCR Fed tab.

**Total**

7. Line 16: This line will automatically calculate the total of Line 7 through Line 15.

**Crosscheck**

8. Line 17: This is a crosscheck and will autopopulate. Line 1 must equal to the sum of Line 2 through 6.